

State of Minnesota**District Court**

County

Judicial District: _____

Court File Number: _____

Case Type: _____

☐ In Re the Marriage of:

Petitioner

and

Respondent

Intervenor

STATE OF MINNESOTA)
) SS
 COUNTY OF _____)
 (County where Affidavit Signed)

**Affidavit in Support of Motion
to Stop Accrual of
Child Support Interest**

My name is _____ I am the *(check one)*☐ (Petitioner) ☐ (Respondent) in this case and I state the following information:*(Check all that apply)*

☐ That I have made both complete and timely payments of both current support and court-ordered paybacks of my child support debt or arrearage. Attached to this Affidavit is proof that I have made these payments consecutively for the last 12 months.

☐ That I am unable to pay support because of a significant physical or mental disability. Attached to this Affidavit is proof of my physical or mental disability.

☐ That I am a recipient of Supplemental Security Income (SSI), Title II Older American's Survivor's Disability Insurance (OASDI), other disability benefits, or public assistance based upon need. Attached to this Affidavit is proof of my recipient status.

☐ That I have been or will be incarcerated or institutionalized for at least 30 days for an offense other than nonsupport of the child(ren) involved, and am financially unable to pay support. The date I became incarcerated or institutionalized was _____ and my anticipated release date is _____

Dated: _____

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

Signature